



Bollmeier Dental

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... a reason to SMILE!

Due to Federal Privacy Regulations, we cannot leave messages with protected health information on home answering machines or with family members without written permission.

With my consent, Bollmeier Dental may call my home or other designated location and leave a message or voicemail or in person reference to any item that assist the practice in carrying out treatment, payment, and healthcare operations (TPO), such as appointment reminders, billing questions, insurance items and any call pertaining to my clinical care, including lab results among others.

With my consent, Bollmeier Dental may mail to my home or other designated location items which assist the practice in carrying out TPO, such as appointment reminders and billing information.

PLEASE SELECT ONLY ONE OF THE FOLLOWING

I do not want any medical or billing information released except personally to myself

Signature _____ Date _____

OR

On my home answering machine/voicemail# _____

On my work answering machine/voicemail# _____

On my cell phone # _____

With the person(s) listed below (Name, relationship and phone number)

Signature _____ Date _____